

FILED JAN 30 1947
Registration District No. 15

Primary Registration District No. 3028

Registrar's No. 14

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stone Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Benton Township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George W Hoffman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 4th, 1947 to Jan 18, 1947
that I last saw him alive on Jan 16, 1947
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Mrs Bernice Hoffman

6. (c) Age of husband or wife if alive _____ years
8 (Day) 1908 (Year)

7. Birth date of deceased: Mo.
(Month) (Day) (Year)

Immediate cause of death Peritonitis

Due to Appendicitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 38 Months 2 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace: Cedar Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations 121

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name George W Hoffman

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ellie May Fonerback

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bernice Hoffman

(b) Address Stockton, Mo. R. 6

17. (a) Burial (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Quinn Carothers

(b) Address El Dorado Springs Mo.

19. (a) 1-21-47 (b) R. B. Clinton
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 21

23. Signature R. B. Clinton (D. or other) DO.
Address El Dorado Spgs Mo. Date signed 1-19-47

47-1-22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Floyd B. Carothers
Licensed Embalmer No. 4419
P. O. Address El Dorado Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.